

RENEWAL INFORMATION

1/2

NAME OF QUALIFIED INTERMEDIARY* _____

(NAME PER "FIRST AGREEMENT (COMPLETE ONLY IF NAME IS
DIFFERENT THAN ABOVE _____

PLEASE PROVIDE EXPLANATION FOR THE NAME CHANGE (E.G.
MERGER, REORGANIZATION ETC.):

NAME CHANGE INFORMATION SHOULD BE VERIFIED WITH IRS BY
CONTACTING:

MAUREEN DAVIS, ASSOCIATE TECHNICAL ADVISOR
290 BROADWAY, 12 TH FLOOR, NEW YORK, NEW YORK 10007-1867
TELEPHONE: 212-298-2120, FAX 212-298-2106,
EMAIL: MAUREEN C. DAVIS @IRS.GOV,
MAUREEN C. DAVIS @IRS.GOV

ADDRESS: _____

QI EIN: _____

NAME OF RESPONSIBLE PARTY: _____

TELEPHONE NUMBER: -----

FAX NUMBER: -----

EMAIL ADDRESS: -----

- **FOR GROUP RENEWAL ATTACH SCHEDULE (INCLUDE RENEWAL INFORMATION FOR EACH AFFILIATE)**
- **PROVIDE LIST OF PAI CONTRACTS IN FORCE INCLUDING THE NAME AND ADDRESS OF THE PAI (IF APPLICABLE)**

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